



Universal Service Administrative Company

Schools and Libraries Division

FORM 470 RECEIPT NOTIFICATION LETTER
(Funding Year 2014: 07/01/2014-06/30/2015)

FRN 0018290201

January 27, 2014

Debbie Swanson
JAMES IRWIN CHARTER SCHOOL
5525 ASTROVON BLVD.
COLORADO SPRINGS, CO 80916

Re: Form 470 Application Number: 843560001198816
Entity Number: 225483
Applicant's Form Identifier: Telecom
Date Form 470 Posted: 01/17/2014
Allowable Contract Date: 02/14/2014

This is your notification that the above FCC Form 470, "Description of Services Requested and Certification Form" was successfully posted to the USAC website. This posting begins the required 28-day competitive bidding process.

Attached to this Form 470 Receipt Notification Letter (RNL) is a Report summarizing the information you provided to USAC for the FCC Form 470 referenced above. Also included are advisories to assist you in appropriate use of the FCC Form 470 to establish funding requests on your FCC Form 471.

It is important that you review this Report and your FCC Form 470 using the Search Posted tool from the Apply Online page now to make sure the quantities, products, and services you require have been correctly posted and, if necessary, take any appropriate corrective action as soon as possible. You are allowed to correct certain errors on your form but not others. The Report indicates if a correction to a field is allowed.

- If a correction to a field is allowed, follow the instructions below to submit your correction to USAC.
- If a correction to a field is not allowed, you must post a new FCC Form 470 and wait the required 28 days to correct this.

DO NOT SEND CORRECTIONS TO THE CLIENT SERVICE BUREAU. To make an allowable correction, please do the following:

- If you would like to request a correction to a field that does not appear in the attached Report, print a copy of your FCC Form 470 and clearly note your requested correction.
- Verify that the allowed correction can be made through the RNL correction process. Any non-allowable corrections submitted through the RNL correction process will not be made.
- Make a copy of your Report and indicate on the copy any allowable corrections in the spaces indicated.
- Sign the copy and include your name, title, contact information, and date.
- Submit the copy using the guidance posted on the "Ministerial & Clerical Errors" page on our website to make corrections.
- Corrections may be made until a Funding Commitment Decision Letter that features the above Form 470 Application Number is issued.
- Retain a copy of the RNL and any submitted corrections.
- To determine what corrections are allowable and why review of this Report is important to you, see the "Ministerial & Clerical Errors" page posted in the Reference Area of our website.

Schools and Libraries Division - Correspondence Unit
30 Lanidex Plaza West, PO Box 685, Parsippany, NJ 07054-0685
Visit us online at: www.usac.org/sl

GENERAL REMINDER

- Use the Form 470 Application Number shown above in any FCC Form 471, Block 5 Funding Request that cites this FCC Form 470. Share this number with those schools and/or libraries who may wish to cite this FCC Form 470 in their FCC Form(s) 471.
- Follow all applicable state and local procurement laws and be prepared to demonstrate compliance with these laws.
- Include appropriate contingencies in contracts for any or all of the requested services in the event of modification or denial of funding.
- See "Guide to USAC Letter Reports" posted in Reference Area of our website for a description of each of the fields featured in the Report.
- Watch our website for information about the FCC Form 471 filing window.
- You can view your entire FCC Form 470 by clicking on the "Search Posted" button in the Apply Online area of the website.
- Use the print feature on your browser to print any portion of your FCC Form 470 or the entire application as posted.

COMPLETE PROGRAM INFORMATION is posted on our website. You may also contact our Client Service Bureau using the "Submit a Question" link on our website, toll-free by fax at 1-888-276-8736 or toll-free by phone at 1-888-203-8100. DO NOT SEND CORRECTIONS TO OUR CLIENT SERVICE BUREAU.

Schools and Libraries Division
Universal Service Administrative Company

Form 470 843560001198816 RNL Report
Funding Year 2014

THIS REPORT DOES NOT CONTAIN ANY DECISIONS CONCERNING YOUR REQUESTS FOR DISCOUNTS.
USE THIS REPORT TO LIST OR INDICATE CORRECTIONS YOU WISH TO MAKE TO YOUR FCC FORM 470.

Follow the guidance posted on the "Ministerial & Clerical Errors" page on our website to make allowable corrections. All corrections - including corrections to new fields - are subject to review for Program compliance and approval.

Allowable Contract Date: 02/14/2014

This is the earliest date to execute contracts for contracted services, select your service provider(s) (including tariff/month-to-month service providers), and sign and submit your FCC Form 471 based on this FCC Form 470. Any funding request with earlier dates for these actions that cite this FCC Form 470 as the establishing FCC Form 470 will result in denial.

- NOTE: If you issue an RFP after you post your FCC Form 470, you must wait the required 28 days starting with the day that the RFP becomes publicly available to all bidders.

Corrections Below Submitted by:

Signature: _____ Date: _____

Printed Name: _____

Title: _____

Email, Fax Number or Phone Number: _____

Item #	Data Entered on FCC Form 470	Make Corrections Here
1. Name of applicant	JAMES IRWIN CHARTER SCHOOL	
3. Entity Number	225483	
5b. Recipients of Service		
5c. Number of Eligible Entities	4	
6a. Contact Person's Name	Debbie Swanson	
6c. Contact Telephone	719-302-9000	
6d. Contact Fax	719-574-2098	
6e. Contact Email	debbie.swanson@jamesirwin.org	
7. Consultant Name		
Consultant Number		
Consultant Employer		
8. Priority One Services	Posted - RFP available	Corrections not allowed
10. Internal Connections Other than Basic Maintenance	Not Posted	Corrections not allowed
11. Basic Maintenance of Internal Connections	Not Posted	Corrections not allowed

- You cannot seek discounts for products or services in a Category of Service on the FCC Form 471 if those services in those categories were not indicated on a FCC Form 470. You must post a new FCC Form 470 indicating all categories where services may be requested and wait the required 28 days to correct this.
- If you indicated in this FCC Form 470 that an RFP is available for a service but one is not, your funding request will be denied. You must post a new FCC Form 470 indicating that an RFP is not available and wait the required 28 days to correct this.

Form 470 843560001198816 RNL Report
Funding Year 2014

Item # Data Entered on FCC Form 470 Make Corrections Here

12. Technical Contact Name
Telephone Number
Fax Number
Email Address

15. Billed Entities
225483 - JAMES IRWIN CHARTER SCHOOL

- Billed Entities other than the entity listed in Item 3 of this form must be listed in Item 15 except as indicated on the form.

FCC Form 471

Approval by OMB
3060-0806

Schools and Libraries Universal Service Description of Services Ordered and Certification Form 471

Estimated Average Burden Hours per Response: 4 hours

This form is designed to help schools and libraries to list the eligible services they have ordered and estimate the annual charges for them so that the Fund Administrator can set aside sufficient support to reimburse providers for services.

Please read instructions before beginning this application. (You can also file online at www.usac.org/sl.)

The instructions include information on the deadlines for filing this application.

Applicant's Form Identifier (Create an identifier for your own reference)	Form 471 Application #:
Telecom	967529 Security Code 54742 (To be assigned by administrator)

Block 1: Billed Entity Address and Identifications
<p>1 Name of Billed Entity JAMES IRWIN CHARTER SCHOOL</p> <p>2 Funding Year 2014</p> <p>3a Entity Number 225483</p> <p>3b FCC Registration Number 0018790261</p> <p>4a Street Address, P.O. Box, or Route Number 5525 ASTROVON BLVD.</p> <p>City COLORADO SPRINGS State CO Zip Code 80916-</p> <p>4b Telephone Number (719) 302-9000</p> <p>4c Fax Number (719) 574-2098</p> <p>5a Type of Application (check only one)</p> <p><input type="radio"/> Individual School (individual public or non-public school)</p> <p><input checked="" type="radio"/> School District (LEA; public or non-public [e.g. diocesan] local district representing multiple schools)</p> <p><input type="radio"/> Library (including library system, library outlet/branch or library consortium as defined under LSTA)</p> <p><input type="radio"/> Consortium (intermediate service agencies, states, state networks, special consortia of schools and/or libraries)</p> <p><input type="radio"/> Statewide application for (enter 2-letter state code) representing (check all that apply)</p> <p><input type="checkbox"/> All public schools/districts in the state</p> <p><input type="checkbox"/> All non-public schools in the state</p>

☐ All libraries in the state**5b Recipient(s) of Services:**

☐ Private ☒ Public ☒ Charter
☐ Tribal ☐ Head Start ☐ State Agency

Entity Number: 225483**Applicant's Form Identifier: Telecom****Contact Person: Eileen Johnston****Contact Phone Number: (719) 302-9000****Block 1: Billed Entity Address and Identifications (continued)****6a Contact Person's Name**
Eileen JohnstonIf the Contact Person's Street Address is the same as **Item 4** above, check here. ☐ If not, complete Item 6b.**6b Street Address, P.O. Box, or Route Number**NOTE: USAC will use this address to mail correspondence about this form.
5525 ASTROVON BLVD.

City COLORADO SPRINGS State CO Zip Code 80916-

Check the box next to your preferred mode of contact and provide your contact information. One box **MUST** be checked and an entry provided.☐ **6c Telephone Number** (719) 302 - 9000☐ **6d Fax Number** (719) 574 - 2098☒ **6e E-Mail Address** eileen.johnston@jamesirwin.org

Re-enter E-mail Address eileen.johnston@jamesirwin.org

6f Holiday/vacation/summer contact information: please include name of alternate contact (if applicable) and alternate phone, fax or E-mail address
Robert Piersant, 719-302-9033**If a consultant is assisting you with your application process, please complete Item 6g below:****6g Consultant Name**

Name of Consultant's Employer

Consultant's Street Address

City State Zip Code

Consultant's Telephone Number Ext.

Consultant's Fax Number

Consultant's E-mail Address

Re-enter E-mail Address

Consultant Registration Number

Blocks 2 and 3 [Reserved]

Entity Number: 225483	Applicant's Form Identifier: Telecom
Contact Person: Eileen Johnston	Contact Phone Number: (719) 302-9000

Block 4: Discount Calculation Worksheet

Worksheet - 1672068

Page 1 of 1

The Block 4 worksheet is used to calculate your discount for services. You will complete one or more worksheets depending on the type of application you are filing. If you file more than one worksheet, please number the completed worksheets to assure that they are all processed correctly. Please refer to the instructions for information specific to the Type of Application you indicated in Block 1, Item 5.

☒ Check here if this worksheet contains all eligible entities in the school district or library system.

9a List entities and calculate discount(s):

(For Administrator's Use)

School District or Library System Name:

School District or Library System Entity Number:

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Name of Eligible Entity	Entity Number AND NCES Code (for Schools) or FSCS Code (for Libraries)	Urban or Rural U or R	Total Number of Students	Number of Students Eligible for NSLP	Percent of Students Eligible for NSLP (Col. 5 / Col. 4)	Disc. from Disc. Matrix	New Construction	Admin Entity or NIF	Alt Disc Mech	Weighted Product for Calculating Shared Discount (Col. 4 x Col. 7)	Insert appropriate codes(s): P= pre-K, H = Head Start, A = Adult Education, J = Juvenile Justice, E = ESA, D = Dormitory	Entity Number of School District in which Library Outlet/Branch is Located	Discount of Member Entity	Shared Discount
ALL ENTITIES			SCHOOLS AND LIBRARIES							Schools with shared services	Schools	Library Outlet/Branch	Consortia	
JAMES IRWIN CHARTER SCHOOL	225483 08 04530 01781	U	1350	549	40.667%	60	N	N	N	81000				

9b Shared Services

SCHOOL DISTRICTS: (Including groups of schools within school districts.) Calculate the totals of Columns 4 and 11. Divide the total of Column 11 by the total of Column 4. Enter the result in Column 15.	1350									81000				60%
LIBRARY SYSTEMS: Calculate the total of Column 7. Divide this total by the number of outlets/branches. Enter the result in Column 15.														
CONSORTIA: Calculate the total of Column 14. Divide this total by the number of member entities. Enter the result in Column 15.														

Entity Number: 225483		Applicant's Form Identifier: Telecom													
Contact Person: Eileen Johnston		Contact Phone Number: (719) 302-9000													
Block 5: Discount Funding Request(s) Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as needed, and number the completed pages to assure that they are all processed correctly.		Block 5, page 1 of 1 FRN 2632381 (to be assigned by administrator)													
10 <input type="checkbox"/> If this is a duplicate Funding Request (e.g., of an FRN that is not yet approved, under appeal, etc.), check this box and enter the original FRN in the space provided:															
11 Category of Service (only ONE category should be checked) <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="padding: 2px;"> PRIORITY 1 <input checked="" type="checkbox"/> Telecommunications Service <input type="checkbox"/> Internet Access </td> <td style="padding: 2px;"> PRIORITY 2 <input type="checkbox"/> Internal Connections Other than Basic Maintenance <input type="checkbox"/> Basic Maintenance of Internal Connections </td> </tr> </table>		PRIORITY 1 <input checked="" type="checkbox"/> Telecommunications Service <input type="checkbox"/> Internet Access	PRIORITY 2 <input type="checkbox"/> Internal Connections Other than Basic Maintenance <input type="checkbox"/> Basic Maintenance of Internal Connections	23 Calculations <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td rowspan="5" style="width: 15%; text-align: center; vertical-align: middle;">Recurring Charges</td> <td style="padding: 2px;"> A. Monthly charges (total amount per month for service) <div style="text-align: right;">\$425.00</div> </td> </tr> <tr> <td style="padding: 2px;"> B. How much of the amount in A is ineligible? <div style="text-align: right;">\$0.00</div> </td> </tr> <tr> <td style="padding: 2px;"> C. Eligible monthly pre-discount amount (A minus B) <div style="text-align: right;">\$425.00</div> </td> </tr> <tr> <td style="padding: 2px;"> D. Number of months service provided in funding year <div style="text-align: right;">12</div> </td> </tr> <tr> <td style="padding: 2px;"> E. Annual pre-discount amount for eligible recurring charges (C x D) <div style="text-align: right;">\$5,100.00</div> </td> </tr> <tr> <td rowspan="3" style="width: 15%; text-align: center; vertical-align: middle;">Non-Recurring Charges</td> <td style="padding: 2px;"> F. Annual non-recurring charges <div style="text-align: right;">\$0.00</div> </td> </tr> <tr> <td style="padding: 2px;"> G. How much of the amount in F is ineligible? <div style="text-align: right;">\$0.00</div> </td> </tr> <tr> <td style="padding: 2px;"> H. Annual eligible pre-discount amount for non-recurring charges (F minus G) </td> </tr> </table>		Recurring Charges	A. Monthly charges (total amount per month for service) <div style="text-align: right;">\$425.00</div>	B. How much of the amount in A is ineligible? <div style="text-align: right;">\$0.00</div>	C. Eligible monthly pre-discount amount (A minus B) <div style="text-align: right;">\$425.00</div>	D. Number of months service provided in funding year <div style="text-align: right;">12</div>	E. Annual pre-discount amount for eligible recurring charges (C x D) <div style="text-align: right;">\$5,100.00</div>	Non-Recurring Charges	F. Annual non-recurring charges <div style="text-align: right;">\$0.00</div>	G. How much of the amount in F is ineligible? <div style="text-align: right;">\$0.00</div>	H. Annual eligible pre-discount amount for non-recurring charges (F minus G)
PRIORITY 1 <input checked="" type="checkbox"/> Telecommunications Service <input type="checkbox"/> Internet Access	PRIORITY 2 <input type="checkbox"/> Internal Connections Other than Basic Maintenance <input type="checkbox"/> Basic Maintenance of Internal Connections														
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Non-Recurring Charges	F. Annual non-recurring charges <div style="text-align: right;">\$0.00</div>														
	G. How much of the amount in F is ineligible? <div style="text-align: right;">\$0.00</div>														
	H. Annual eligible pre-discount amount for non-recurring charges (F minus G)														
12 Form 470 Application Number 843560001198816															
13 SPIN – Service Provider Identification Number 143005231															
14 Service Provider Name CenturyLink Qwest Corporation															
15a <input type="checkbox"/> Check this box if this Funding Request is for non-contracted tariffed or month-to-month services.															
15b Contract Number N/A															
15c <input type="checkbox"/> Check this box if this Funding Request is covered under a master contract (a contract negotiated by a third party, the terms and conditions of which are then made available to an eligible entity that purchases directly from the service provider).															
15d <input type="checkbox"/> Check this box if this Funding Request is a continuation of an FRN from a previous funding year based on a multi-year contract. If so, provide that FRN here:															
16a Billing Account Number (e.g., billed telephone number) 7193029000															
16b <input type="checkbox"/> Check this box if there are multiple Billing Account Numbers and attach a complete list of those numbers to this page.															
17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing)															

02/14/2014		\$0.00	
18 Contract Award Date (mm/dd/yyyy)	03/11/2014	Total Charges	I. Total funding year pre-discount amount (E + H)
19 Service Start Date (mm/dd/yyyy)	07/01/2014		\$5,100.00
20a Service End Date (mm/dd/yyyy)			J. Discount from Block 4 Worksheet 60.00
Contract Expiration Date			K. Funding Commitment Request (I x J)
20b (mm/dd/yyyy)	06/30/2015		\$3,060.00
21 Description of This Service: NOTE: All Item 21 Attachments must be filed before the close of the filing window. Attachment You MUST attach a description of the service, including a breakdown of components, costs, manufacturer name, make and model number. You must include any additional account or telephone numbers if the billed account has multiple numbers. Label the description with an Attachment Number, and note number in space provided. <div style="text-align: right;">A-Telecom</div>			
22 Entity/Entities Receiving This Service:		a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service: 225483	
		b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 1):	

Entity Number: 225483	Applicant's Form Identifier: Telecom
Contact Person: Eileen Johnston	Contact Phone Number: (719) 302-9000

Block 5 (Continued):**24 Description of Broadband and other Connectivity Services Ordered for Schools and Libraries from this funding request**

Complete the information below for this funding request only if requesting **Telecommunications Services** or **Internet Access** for the purpose of providing broadband and other types of connectivity to school and/or library facilities.

- ☒ Check this box if this request is for services or equipment that do **not** provide broadband or connectivity. For instance, check the box if this funding request is for internal connections, basic maintenance, or requests for services like e-mail or phone service.

- a** Which technology(ies) and speed(s) are being provided in this Funding Request? Please list the number of lines and average download speed for the lines included in this funding request. If there are multiple download speeds for the lines within one type of broadband connection, this form provides two additional lines per broadband connection category. If you need additional space, please make copies of this page and number the completed pages to assure that they are all processed correctly. A response to this item is not a substitute for a complete response to Item 21 but should be consistent with the description of services in the response to Item 21. Please ask your service provider if you need assistance.

Type of Connection	Number of lines included in this FRN	Download speed per line in Mbps
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- b** If the Internet service is available to students or patrons in more than just a single location or office, please indicate:

1. If the access is provided by wired connections, approximately what percentage of the school classroom or public library rooms included in the Block 4 worksheet for this FRN will have access to wired drops? ____%
2. If the access is provided by Wi-Fi connections, approximately what percentage of the school classroom or public library rooms included in the Block 4 worksheet for this FRN will have access to a Wi-Fi signal? ____%

- c** For consortia and statewide applications, do the connections in this FRN include the last mile connection to the school or library? ☐ Yes ☐ No
If **no** above, are these connections only for backbone connections? ☐ Yes ☐ No

Entity Number: 225483	Applicant's Form Identifier: Telecom
Contact Person: Eileen Johnston	Contact Phone Number: (719) 302-9000

Block 6: Certifications and Signature

25 ☒ I certify that the entities listed in Block 4 of this application are eligible for support because they are: (Check one or both.)

a ☒ schools under the statutory definitions of elementary and secondary schools found in the **No Child Left Behind Act of 2001, 20 U.S.C. §§ 7801(18) and (38)**, that do not operate as for-profit businesses and do not have endowments exceeding \$50 million; and/or

b ☐ libraries or library consortia eligible for assistance from a State library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any schools, including, but not limited to, elementary, secondary schools, colleges, or universities.

26 ☒ I certify that the entity I represent or the entities listed on this application have secured access, separately or through this program, to all of the resources, including computers, training, software, internal connections, maintenance, and electrical capacity, necessary to use the services purchased effectively. I recognize that some of the aforementioned resources are not eligible for support. I certify that the entities I represent or the entities listed on this application have secured access to all of the resources to pay the discounted charges for eligible services from funds to which access has been secured in the current funding year. I certify that the Billed Entity will pay the non-discount portion of the cost of the goods and services to the service provider(s).

a Total funding year pre-discount amount on this Form 471 (Add the entries from Items 23I on all Block 5 Discount Funding Requests.)	5100
b Total funding commitment request amount on this Form 471 (Add the entries from Items 23K on all Block 5 Discount Funding Requests.)	3060
c Total applicant non-discount share (Subtract Item 26b from Item 26a.)	2040
d Total budgeted amount allocated to resources not eligible for E-rate support	0
e Total amount necessary for the applicant to pay the non-discount share of the services requested on this application AND to secure access to the resources necessary to make effective use of the discounts. (Add Items 26c and 26d.)	2040
f <input type="checkbox"/> Check this box if you are receiving any of the funds in Item 26e directly from a service provider listed on any of the Forms 471 filed by this Billed Entity for this funding year, or if a service provider listed on any of the Forms 471 filed by this Billed Entity for this funding year assisted you in locating funds in Item 26e.	

27 ☐ I certify that, if required by Commission rules, all of the individual schools and libraries receiving services under this form are covered by technology plans that do or will cover all 12 months of the funding year, and that have been or will be approved by a state or other authorized body or an SLD-certified technology plan approver prior to the commencement of service.

Or ☒ I certify that no technology plan is required by Commission rules.

28 ☒ I certify that (if applicable) I posted my Form 470 and (if applicable) made any related RFP available for at least 28 days before considering all bids received and selecting a service provider. I certify that all bids submitted were carefully considered and the most cost-effective service offering was selected, with price being the primary factor considered, and is the most cost-effective means of meeting educational needs and technology plan

goals.

- 29 ☒ I certify that the entity responsible for selecting the service provider(s) has reviewed all applicable FCC, state, and local procurement/competitive bidding requirements and that the entity or entities listed on this application have complied with them.
- 30 ☒ I certify that the services the applicant purchases at discounts provided by 47 U.S.C. § 254 will be used primarily for educational purposes and will not be sold, resold or transferred in consideration for money or any other thing of value, except as permitted by the Commission's rules at 47 C.F.R. §§ 54.500, 54.513. Additionally, I certify that the entity or entities listed on this application have not received anything of value or a promise of anything of value, other than services and equipment sought by means of this form, from the service provider, or any representative or agent thereof or any consultant in connection with this request for services.
- 31 ☒ I certify that I and the entity(ies) I represent have complied with all program rules, including recordkeeping requirements, and I acknowledge that failure to do so may result in denial of discount funding and/or cancellation of funding commitments. There are signed contracts covering all of the services listed on this Form 471 except for those services provided under non-contracted tariffed or month-to-month arrangements. I acknowledge that failure to comply with program rules could result in civil or criminal prosecution by the appropriate law enforcement authorities.

Entity Number: 225483		Applicant's Form Identifier: Telecom	
Contact Person: Eileen Johnston		Contact Phone Number: (719) 302-9000	

Block 6: Certification and Signature (Continued)

32 ☒ I acknowledge that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the service, receive an appropriate share of benefits from those services.

33 ☒ I certify that I will retain required documents for a period of at least five years (or whatever retention period is required by the rules in effect at the time of this certification) after the last day of service delivered. I certify that I will retain all documents necessary to demonstrate compliance with the statute and Commission rules regarding the application for, receipt of, and delivery of services receiving schools and libraries discounts, and that if audited, I will make such records available to the Administrator. I acknowledge that I may be audited pursuant to participation in the schools and libraries program.

34 ☒ I certify that I am authorized to order telecommunications and other supported services for the eligible entity(ies) listed on this application. I certify that I am authorized to submit this request on behalf of the eligible entity(ies) listed on this application, that I have examined this request, that all of the information on this form is true and correct to the best of my knowledge, that the entities that are receiving discounts pursuant to this application have complied with the terms, conditions and purposes of the program, that no kickbacks were paid to anyone and that false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001 and civil violations of the False Claims Act.

35 ☒ I acknowledge that FCC rules provide that persons who have been convicted of criminal violations or held civilly liable for certain acts arising from their participation in the schools and libraries support mechanism are subject to suspension and debarment from the program. I will institute reasonable measures to be informed, and will notify USAC should I be informed or become aware that I or any of the entities listed on this application, or any person associated in any way with my entity and/or the entities listed on this application, is convicted of a criminal violation or held civilly liable for acts arising from their participation in the schools and libraries support mechanism.

36 ☒ I certify that if any of the Funding Requests on this Form 471 are for discounts for products or services that contain both eligible and ineligible components, that I have allocated the eligible and ineligible components as required by the Commission's rules at 47 C.F.R. § 54.504(g)(1), (2).

37 ☒ I certify that this funding request does not constitute a request for internal connections services, except basic maintenance services, in violation of the Commission requirement that eligible entities are not eligible for such support more than twice every five funding years as required by the Commission's rules at 47 C.F.R. § 54.506(c).

38 ☒ I certify that the non-discount portion of the costs for eligible services will not be paid by the service provider. The pre-discount costs of eligible services featured on this Form 471 are net of any rebates or discounts offered by the service provider. I acknowledge that, for the purpose of this rule, the provision, by the provider of a supported service, of free services or products unrelated to the supported service or product constitutes a rebate of some or all of the cost of the supported services.

39	Signature of authorized person <input type="checkbox"/>	40	Date
41	Printed name of authorized person Eileen Johnston		

42 Title or position
of authorized
person CFO

☐ Check here if the consultant in Item 6g is the Authorized Person.

43a Street Address, P.O. Box, or Route Number
5525 Astrozon Blvd.

City Colorado Springs
State CO Zip Code 80916-

Entity Number: 225483		Applicant's Form Identifier: Telecom	
Contact Person: Eileen Johnston		Contact Phone Number: (719) 302-9000	
43b	Telephone Number of authorized Person	(719) 302-9001	Ext.
43c	Fax Number of Authorized Person	(719) 574-2098	
43d	E-mail Address of authorized Person	eileen.johnston@jamesirwin.org	
	Re-enter E-mail Address	eileen.johnston@jamesirwin.org	
43e	Name of Authorized Person's Employer	James Irwin Charter Schools	

NOTICE: Section 54.504 of the Federal Communications Commission's rules requires all schools and libraries ordering services that are eligible for and seeking universal service discounts to file this Services Ordered and Certification Form (FCC Form 471) with the Universal Service Administrator. 47 C.F.R. § 54.504(c). The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended. 47 U.S.C. § 254. The data in the report will be used to ensure that schools and libraries comply with the competitive bidding requirement contained in 47 C.F.R. § 54.504. All schools and libraries planning to order services eligible for universal service discounts must file this form themselves or as part of a consortium.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. We will use the information you provide to determine whether approving this application is in the public interest. If we believe there may be a violation or a potential violation of any applicable statute, regulation, rule or order, your application may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding. In addition, consistent with the Communications Act of 1934, FCC regulations and orders, the Freedom of Information Act, 5 U.S.C. § 552, or other applicable law, information provided in or submitted with this form or in response to subsequent inquiries may be disclosed to the public.

If you owe a past due debt to the Federal government, the information you provide may also be disclosed to the Department of the Treasury Financial Management Service, other Federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide the information to these agencies through the matching of computer records when authorized.

If you do not provide the information we request on the form, the FCC may delay processing of your application or may return your application without action.

The foregoing Notice is required by the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, et seq.

Public reporting burden for this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden to the Federal Communications

Commission, Performance Evaluation and Records Management, Washington, DC 20554.

Please submit this form to:

SLD-Form 471
P.O. Box 7026
Lawrence, Kansas 66044-7026

For express delivery services or U.S. Postal Service, Return Receipt Requested, mail this form to:

SLD Forms
ATTN: SLD Form 471
3833 Greenway Drive
Lawrence, Kansas 66046
(888) 203-8100

FCC Form 471 - December 2013

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Item 21 Attachment

Telecommunications - Funding Year 2014

Applicant Name	JAMES IRWIN CHARTER SCHOOL
Billed Entity Number	225483
Form 471 Application Number	967529
Funding Request Number	2632381
Service Provider	CenturyLink Qwest Corporation
Attachment Number	A-Telecom
Narrative description of this Funding Request	Telecommunication Services include: 1 Voice T1 Flat CAS (Digital) 200 individual direct dial telephone numbers 1 local loop DS1

Service Type	Service Description	Eligible Pre-Discount Cost	
1 Local Phone Service	Local phone service for 200 phone lines, with direct dial for each.	\$5,100.00	
		Number of Telecom Lines (if applicable)	200
	Recurring Charges	Non Recurring Charges	
Monthly Recurring Charges		\$425.00	One-time non-recurring charges \$0.00
Less Ineligible Amount (if any)		\$0.00	Less Ineligible Amount (if any) \$0.00
Number of Months		12	
Eligible recurring charges		\$5,100.00	Eligible non-recurring charges \$0.00
		Line item TOTAL \$5100	
		<hr/>	
		Total:	\$5,100.00
		Funding Requested on 471:	\$5,100.00

Date Submitted

3/12/2014 7:26:51 PM

